



**CITY OF HARRISBURG  
APPLICATION FOR  
COMMUNICATIONS CABLING LICENSE**



<hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/> Communication Cabling Company	<u>License Fee</u>
<hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/> Communication Installer	\$125.00
	\$100.00

Name <hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>	Date of Birth <hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>
Address <hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>	Telephone <hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>
City <hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>	State <hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>
Zip Code <hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>	SS# <hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>

**School Completed: (Give Names and Dates)**

Grade School	<hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>
High School	<hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>
Technical School	<hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>

**Describe any special study, correspondence course, night school course, etc. which in your opinion, helps to fit you in addition to your practical experience in the communications cabling field. If necessary, use additional sheets.**

**Name and address of employers during the past five (5) years with date of employment, start with your present employer.**

Employer	Date Started	Date Ended	Type of work performed
1.			
2.			
3.			

**Type of work you have installed:** 

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**Do you have a current mercantile license in the City of Harrisburg?** Yes ☐ No ☐ If so, list: 

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**Do you have a current license in any other city?** Yes ☐ No ☐ If so, list below:

City <hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>	Type <hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>	Number <hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>
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**\*\*\*AFFIDAVIT\*\*\***

**Subscribed and sworn to before me this**

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 Day of 

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 20 

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(Applicants signature in ink)

**Signature in ink of person administering oath**

(Print name in ink EXACTLY as it appears above in signature)

**Address in ink of person administering oath**

Date 

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**\*\*Remember, the affidavit means that  
you can substantiate the answers.**

City <hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>	PA <hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>	ZipCode <hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/>
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City of Harrisburg	• Department of Building and Housing Development •	Bureau of Codes
Stephen R. Reed, Mayor		